

**Town of Jupiter**  
**Public Records Estimate Charges**

**Department Name** \_\_\_\_\_

**Subject:** Public Records Request for \_\_\_\_\_

**Service Charge:**

Position Title: \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_

Hours (less initial 30 minutes): \_\_\_\_\_

Total labor cost: \$ \_\_\_\_\_

Total pages copied: \_\_\_\_\_

@ \$.15 per copy: \$ \_\_\_\_\_

Total CDs purchased: \_\_\_\_\_

@\$1.00 per CD      \$           

**\* Estimated Charge:        \$ \_\_\_\_\_**

**Total Charge:**      \$ \_\_\_\_\_

**I agree to pay all charges up to the amount as enumerated above for this Public Records Request.**

Name	Date
------	------

**\* Cost estimate of the charges necessary to complete this request before proceeding.**